



UnityPoint Health

Accounting for Disclosure

Request for Accounting of Disclosures of Protected Health Information (PHI)

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), you have a right to an accounting of disclosures of PHI in the Designated Record Set ("DRS") that is maintained by UnityPoint Health (UPH). Please complete this form in its entirety so that we may provide you with the correct information.

Please provide the following information:

Patient Name: _____

Patient Address: _____
City _____ State _____ Zip _____

Date of Birth: _____ / _____ / _____
Patient Phone Number: _____

Please complete and acknowledge the following:

Unless otherwise indicated, I will receive an accounting of disclosures made in the six years prior to the date of request. I understand and acknowledge the maximum period is six (6) years prior to my request.

I hereby request an accounting of disclosure from:

Start Date: _____ to End Date: _____

I understand that the first accounting within a twelve (12) month period is free, but that I can be charged a reasonable fee for any additional accountings within the same time period. I also understand that the accounting will be provided to me within 60 days unless I am notified in writing that an extension up to 30 days is needed. I further understand this accounting shall not include the following disclosures:

- To me/my personal representative/other persons involved in my care.
- To carry out treatment, payment, and health care operations*.
- Disclosures require authorization.
- Facility Directory.
- Disclosures for national security or intelligence purposes.
- To correctional institutions or law enforcement about a person in their custody.
- As part of a limited data set; or
- Incidental disclosures.

Signature of Patient/Personal Representative

Relationship

Date of Request

**Return Completed form to: UPH_PrivacyOfficers@unitypoint.org or mail to
UnityPoint Health
Attn: Privacy Officer
1776 West Lakes Parkway; Suite 400
West Des Moines, IA 50266**

REQUEST FOR DISCLOSURE OF PHI

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*Team members may access your record for legitimate purposes for treatment, payment or healthcare operations and will not be included in an accounting of disclosure request. If you are concerned about a specific person accessing your record inappropriately, please submit a written request for a manual audit of that specific person to the Privacy address or email listed.